

AUG/18/2011/THU 04:26 PM NH DOL
08/18/2011 11:36 FAX 6032846000FAX No. 6032716149
JOHNSON LAW OFFICE + DUL-WUP. 002
4002/002

This form must be printed and sent to the NH Department of Labor.

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
SPAULDING BUILDING
95 PLEASANT STREET
CONCORD, NEW HAMPSHIRE

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE B&WCA

(Please print or type)

To State of NH, Administrative Office of Phone # (603) 271-2521
(Name of Employer) The Courts2 Charles Doe Drive, Concord NH 03301
(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20, This is to notify you that an injury occurred.

Michele M. Walker (deceased) #
Name of Injured Employee 88 # 042-54-2881
to Charles E. Walker as Administrator of the Estate of Michele M. Walker
368 Old Franklin Rd, Bethlehem NH Daytime Phone # (603) 444-5703
Address of Injured Employee 03574

8/20/2009

(Date of Accident or First Treatment)

Littleton District Court, 134 Main St, Littleton NH 03561

(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

Escalating workplace harassment and retaliation.This claim is for emotional distress culminating in
Ms. Walker's suicide.I have been unable to work since my injury.

No

I have incurred the following medical bills. Dr. Carrie Konklin 8/21/09 + other To be provided
** not all inclusive Name of Doctor Date of Service Amount 8/21/09 + other 0DHMC

Name of Hospital

Date of Service

Amount

NE Kingdom Human Services Various dates 0

Other

Date of Service

Amount

(Employer's Signature)

(Employee's Signature)

(Date)

8-18-2011

(Date)

This form can be returned to DOL with or without employer's signature.

NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. B&WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

Form No. B&WCA (Rev. 02/01)

Employer's Copy - White

Employee's Copy - Pink

* represented by Estate of Michele M. Walker

TOTAL P.001

EXHIBIT

PENGARD 800-631-6989

A